

STATE OF CALIFORNIA
Civil Service Tax-Sheltered Annuities

**NOTICE OF CANCELLATION OR
SALARY REDUCTION ADJUSTMENT**

Employee Name: _____

Social Security Number: _____ - _____ - _____

Department/facility: _____

Your 403(b) Salary Reduction was:

☐ Cancelled as of the ____/____/____ pay period.

☐ Adjusted to _____ as of the ____/____/____ pay period.
Dollar Amount

This action was taken because (check all that applies):

☐ You do not have a 403(b) Compliance Worksheet on file with the department.

☐ Your 403(b) Compliance Worksheet does not substantiate your cumulative contributions for this tax year.

☐ Other, explain: _____.

Please review your salary reduction agreement and consult with your financial advisor to assess any tax liabilities.

Signature for the Employer: _____

Phone Number: () _____ - _____ x. _____

Date: _____